

Wellness Journal

		Day:	Date:
Sleep	Bedtime last night:		Woke up this morning:
	Hours of sleep:		
Mood			
Energy			
Nutrition and Hydration	Breakfast		
	Snack		
	Lunch		
	Snack		
	Dinner		
	Snack		
	Water	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Exercise			
Stretching			
Gratitude			
Self Care (What did I do for myself today)			
Feel Good (At least one thing that I did for myself to make me feel)			
Morning Reflection			
Evening Reflection			